



Instructions:
**Foreign Limited
Partnership Application**

**Contact:
Kansas Office of the Secretary of State**

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@sos.ks.gov
www.sos.ks.gov

All information on the foreign application must be complete and accompanied by the correct filing fee or the document will not be accepted for filing.

- ☐ 1. **FILING FEE:** The filing fee for this document is **\$165**.
- ☐ 2. **PAYMENT:** Please enclose a check or money order payable to the Secretary of State. Applications received without the appropriate fee will not be accepted for filing. Please do not send cash. **Also, to expedite processing, please do not use staples on your documents or to attach checks.**
- ☐ 3. **INCLUDE AN ORIGINAL CERTIFICATE OF GOOD STANDING OR EXISTENCE:** The certificate must be issued by the state, country or other jurisdiction where organized attesting to the fact that such limited partnership is in good standing in such jurisdiction. The certificate must be issued within 90 days of filing the application.
- ☐ 4. **PARTNERSHIP NAME:** The limited partnership name on all documents must be exactly the same as it appears on the certificate, including punctuation. If the LP applying for authority has the same name as an entity already on file, you may do **one** of the following:
 - ✓ Include a letter of consent from the existing entity to use the name. If the existing entity is a corporation, the consent must be signed by an authorized officer. A consent from another type of entity must be signed by any authorized person.
 - ✓ Include a letter stating that the LP will list its home state as a means of identification and in its advertising in the state of Kansas.

The use of the LP name is governed by K.S.A. 56-1a504. You may view statutes at www.kslegislature.org.

- ☐ 5. **RESIDENT AGENT:** The resident agent is a person or entity that is authorized to accept service of process (lawsuits) on behalf of the business entity. This does not necessarily mean that the agent himself/herself is being sued, but that he/she has the authority and responsibility to accept service of process on behalf of the business.
- ☐ 6. **REGISTERED OFFICE:** The registered office is the address where the resident agent is located.
- ☐ 7. **MAILING ADDRESS:** The mailing address is where you would like to receive official mail from the Secretary of State's office.
- ☐ 8. **SIGNATURE:** The application requires the signature of a general partner.

NOTICE: *If the entity has been doing business in Kansas at least six months prior to filing with our office, you may owe annual reports and/or penalty fee (K.S.A. 56-1a607, 56-1a608).*

STAY UP-TO-DATE ON YOUR ORGANIZATION'S STATUS, ANNUAL REPORT DUE DATE AND CONTACT ADDRESSES BY GOING TO WWW.SOS.KS.GOV. UNDER QUICK LINKS, SELECT SEARCH BUSINESS ENTITY INFORMATION.

NOTICE: *There is a \$25 service fee for all checks returned by your financial institution. All information must be completed or this document will not be accepted for filing.*

LPF**51-06**

KANSAS SECRETARY OF STATE

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www.sos.ks.gov*Above space is for office use only.***INSTRUCTIONS:** *All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.***1. Name of the limited partnership:***Name of company must match the name on record with the home state***2. State/Country of organization:****3. Date of organization in home state:***Month Day Year***4. Began doing business in Kansas:**☐ Upon qualification☐ *Month Day Year***5. Name of the resident agent and address of the registered office in Kansas:***Address must be a street address
A P.O. box is unacceptable**Name**Address**Kansas**City**State**Zip***6. Mailing address:***Address will be used to send official mail from the Secretary of State's office**Attention Name**Mailing Address**City**State**Zip**Country***7. Tax closing month:****8. Full nature and character of the business to be conducted in the state of Kansas:**

9. Name and mailing address of each general partner:

Do not leave blank

If additional space is needed please provide an attachment

1)

Name

Mailing address

City

State

Zip

Country

2)

Name

Mailing address

City

State

Zip

Country

3)

Name

Mailing address

City

State

Zip

Country

10. The limited partnership hereby consents, without power of revocation, that actions may be commenced against it in the proper court of any county in the state of Kansas where there is a proper venue by service of process on the Secretary of State of the state of Kansas; and the limited partnership stipulates and agrees that such service shall be taken and held in all courts to be valid and binding as if due service had been made upon the general partner(s) of the foreign limited partnership.

11. Effective date:

☐

Upon filing

☐

Future effective date

Month

Day

Year

12. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that the partnership is in good standing in its home state, and I have remitted the required fee.

Signature of general partner

Date (month, day, year)